

Practitioner's Docket No. 05-10022

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for a Continued Prosecution Application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

PROSTHETIC DEVICE

SPECIFICATION IDENTIFICATION

The specification of which was filed on 9/14/1998 as US Application Serial No. 09/152,992.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial Number as US Application Serial No. 09/152,992, Filed: 9/14/1998 Status (abandoned and being revived)

(Declaration and Power of Attorney--page 1 of 2)

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POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

David L. Hoffman

REGISTRATION NUMBER(S)

32,469

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO**DIRECT TELEPHONE CALLS TO:**David L. Hoffman
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USA

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

TYPE INVENTOR'S NAME Randi L. Black (formerly Randi L. Schindler)
Inventor's signature Randi L. Black **Signature(S)**
Country of Citizenship United States of America **Date** 03-17-05
Residence Los Angeles, CA
Post Office Address Randi L. Black
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Los Angeles, CA 90049-3603

(Declaration and Power of Attorney--page 2 of 2)

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